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** CONTINUING DATA ***** *none* *AW*** FOREIGN APPLICATIONS ***** *none* *AW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
<i>Midanta Wells</i> Examiner's Signature		<i>AW</i> Initials			

ADDRESS

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TITLE

Characterizing an electron beam treatment apparatus

FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit